

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mr. P M RAO Age/Gender : 73 Years/Male Referred by : Dr. K S RAO

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Serum, Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0012547, A0012548

Reg. No : 0312312290009

SPP Code : SPL-CV-172

Collected On : 29-Dec-2023 08:19 AM Received On : 29-Dec-2023 12:43 PM

Reported On : 30-Dec-2023 09:39 AM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method	
Copper	132	μg/dL	70-140	Spectrophotometry	
Zinc - Serum	114	μg/dL	80-120	Bromo-Paps	







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 : A0012547, A0012548

 Age/Gender
 : 73 Years/Male
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 : Dr. K S RAO
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Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM
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CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method
Vitamin Profile 25 - Hydroxy Vitamin D	29.28	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency	CLIA
Vitamin B12 (Cyanocobalamin)	396	pg/mL	30.0-100.0-Sufficiency >100.0-Potential Intoxication	on CLIA

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include: Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

Interpretation:

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- .The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- people who don't get much exposure to the sun
- · older adults
- · people with obesity.
- dietary deficiency

Increased Levels:

• Vitamin D Intoxication





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CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method
Cardiac Risk Markers(5)				
Apolipoprotein (APO-B)	105.6	mg/dL	60.0-140.0	Immunoturbidimetry
Apolipoprotein B/A1 Ratio	1		0.35 - 1.00	Calculation
Apolipoprotein(APO A1)	129.6	mg/dL	110 - 205	Immunoturbidimetry
Homocysteine-Serum	11.6	µmol/L	3.7 - 13.9	CLIA
High Sensitivity C-Reactive Protein(hsCRP)	0.8	mg/L	Low Risk :< 1.0 Average Risk:1.0-3.0 High Risk: > 3.0	Immunoturbidimetry
Lipoprotein (a) - Lp(a)	21.6	mg/dL	< 30.0	Immunoturbidimetry

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CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method	
Toxic Elements					
Arsenic	1.25	ug/L	<5	ICP-MS	
Cadmium	0.19	μg/l	< 1.5	ICP-MS	
Mercury	2.16	μg/l	< 5	ICP-MS	
Lead	98.2	μg/l	< 150	ICP-MS	
Chromium	19.2	μg/L	< 30	ICPMS	
Barium	19.10	μg/l	<30	ICP-MS	
Cobalt, Blood	0.20	μg/l	0.10 - 1.50	ICP-MS	
Caesium	2.25	μg/l	<5.0	ICP-MS	
Thallium	0.62	μg/l	<1.0	ICP-MS	
Uranium	0.21	μg/l	<1.0	ICP-MS	
Strontium	18.21	μg/l	8 - 38	ICP-MS	
Antimony	12.40	μg/l	0.10 - 18	ICP-MS	
Tin	0.99	μg/l	< 2	ICP-MS	
Molybdenum	0.98	μg/l	0.70 - 4.0	ICP-MS	
Silver	3.21	μg/l	<4.0	ICP-MS	
Vanadium	0.21	μg/l	< 0.8	ICP-MS	
Beryllium	0.14	μg/l	0.10 - 0.80	ICP-MS	
Bismuth	0.15	μg/l	0.10 - 0.80	ICP-MS	
Selenium	38.14	μg/l	60 - 340	ICP-MS	
Nickel	9.24	μg/l	< 15	ICP-MS	
Aluminium	21.54	μg/l	< 30	ICP-MS	
Manganese	12.32	μg/l	7.10 - 20	ICP-MS	

Result rechecked and verified for abnormal cases

*** End Of Report ***



Test Name

Sagepath Labs Pvt. Ltd.

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: A0012548

: SPL-CV-172

: 0312312290009

Method

REPORT

Sample ID Age/Gender : 73 Years/Male Reg. No Referred by : Dr. K S RAO SPP Code

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM Primary Sample : Whole Blood Received On : 29-Dec-2023 12:43 PM

Sample Tested In : Whole Blood EDTA Reported On : 29-Dec-2023 02:22 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

Results

HAEMATOLOGY

AROGYAM 1.3 PROFILE Units

Ref. Range

		• • • • • • • • • • • • • • • • • • • •		
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	15.5	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	45.2	%	40-50	Calculated
RBC Count	5.13	10^12/L	4.5-5.5	Cell Impedence
MCV	88	fl	81-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	34.2	g/dL	32.5-34.5	Calculated
RDW-CV	12.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	222	10^9/L	150-410	Cell Impedance
Total WBC Count	6.5	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	55	%	40-70	Cell Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.58	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.6	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.2	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.13	10^9/L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic	normochromic	blood picture.	PAPs Staining







Swarnabala-M DR.SWARNA BALA **MD PATHOLOGY**



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Age/Gender : 73 Years/Male Referred by : Dr. K S RAO

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0012548

Reg. No : 0312312290009

SPP Code : SPL-CV-172

Collected On : 29-Dec-2023 08:19 AM

Received On : 29-Dec-2023 12:43 PM

Reported On : 29-Dec-2023 02:22 PM Report Status : Final Report

HAEMATOLOGY

AROGYAM 1.3 PROFILE

Test Name Results Units Ref. Range Method

Blood Picture - Peripheral Smear Examination

Red Blood CellsNormocytic normochromicMicroscopyWhite Blood CellsWithin normal limitsMicroscopyPlateletsAdequateMicroscopyHemoparasitesNot seen.Microscopy

Impression Normocytic normochromic blood picture.

Advice Correlate clinically

*** End Of Report ***

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Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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REPORT

Name : Mr. P M RAO

Age/Gender : 73 Years/Male
Referred by : Dr. K S RAO

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0012548

Reg. No : 0312312290009

SPP Code : SPL-CV-172

Collected On : 29-Dec-2023 08:19 AM

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HAEMATOLOGY

AROGYAM 1.3 PROFILE

Test Name Results Units Ref. Range Method

Erythrocyte Sedimentation Rate (ESR) 27 30 or less Westergren method

Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.









Swarnabala - M DR.SWARNA BALA MD PATHOLOGY

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REPORT

 Name
 : Mr. P M RAO
 Sample ID
 : A0012550, A0012549

 Age/Gender
 : 73 Years/Male
 Reg. No
 : 0312312290009

 Referred by
 : Dr. K S RAO
 SPP Code
 : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM Primary Sample : Whole Blood Received On : 29-Dec-2023 03:41 PM

Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP) Reported On : 29-Dec-2023 05:57 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name Results Units Ref. Range Method

Glucose Fasting (F) 123 mg/dL 70-100 GOD-POD

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	>= 126	>= 200	II I	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Glucose Post Prandial (PP) 168 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

	J	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	>= 126	>= 200		>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- Postprandial glucose level is a screening test for Diabetes Mellitus
- $\bullet~$ If glucose level is $>\!140$ mg/dL and $<\!200$ mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

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REPORT

 Name
 : Mr. P M RAO
 Sample ID
 : A0012548, A0012547

 Age/Gender
 : 73 Years/Male
 Reg. No
 : 0312312290009

 Referred by
 : Dr. K S RAO
 SPP Code
 : SPL-CV-172

 Peferring Customer
 : V CARE MEDICAL BLACKOSTICS
 Collected On
 : 20 Dec 2023 08:10 AM

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM Primary Sample : Whole Blood Received On : 29-Dec-2023 12:47 PM

Sample Tested In : Whole Blood EDTA, Serum Reported On : 29-Dec-2023 06:27 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE							
Test Name Results Units Ref. Range Method							
Glycated Hemoglobin (HbA1c)	6.7	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC			
Mean Plasma Glucose	145.59	mg/dL		Calculated			

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG): This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Testosterone Total	649.39	ng/dL	Refer Table	CLIA
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Interpretation:	(Testosterone Reference Ranges)					
Age	Reference Range Male(ng/dL)	Reference Range Female(ng/dL)				
Newborn(1-15days)	75-400	20-64				
1-5 Months	1-177	1-5				
6-11 Months	2-7	2-5				
Children:						
1-5 Year	2-25	2-10				
6-9 Year	3-30	2-20				
Puberty Tanner Stage						
1	2-23	2-10				
2	5-70	5-30				
3	15-280	10-30				
4	105-545	15-40				
5	265-800	10-40				
Adult	241-827	14-76				

• Testosterone is a steroid hormone (androgen) made by the testes in males. Its production is stimulated and controlled by luteinising hormone (LH), which is manufactured in the pituitary gland. In males, testosterone stimulates development of secondary sex characteristics, including enlargement of the penis, growth of body hair and muscle, and a deepening voice. It is present in large amounts in males during puberty and in adult males to regulate the sex drive and maintain muscle mass. Testosterone is also produced by the adrenal glands in both males and females and, in small amounts, by the ovaries in females. The body can convert testosterone to oestradiol, the main sex hormone in females. There is great variability in testosterone levels between men and it is normal for testosterone levels to decline as men get older. Hypogonadism in a male refers to a reduction in sperm and/or testosterone production.

Result rechecked and verified for abnormal cases

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REPORT

 Name
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 Sample ID
 : A0012547

 Age/Gender
 : 73 Years/Male
 Reg. No
 : 0312312290009

Referred by : Dr. K S RAO SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM

Primary Sample : Whole Blood Received On : 29-Dec-2023 12:47 PM Sample Tested In : Serum Reported On : 29-Dec-2023 06:27 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	143	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	90	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	83	mg/dL	< 100	Calculated
Cholesterol- VLDL	18	mg/dL	7-35	Calculated
Non HDL Cholesterol	101	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.4	%	0-4.0	Calculated
HDL / LDL Ratio	0.51			
LDL/HDL Ratio	1.98	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Irialycerides	HDL Cholesterol (mg/dL)	II DI Cholesterol	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal				100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High		>or=500		Adult: >or=190 	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

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AROGYAM 1.3 PROFILE

Test Name Results Units Ref. Range Method Liver Function Test (LFT)

Liver Function Test (LFT)				
Bilirubin(Total)	1.4	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.3	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	1.1	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	33	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	30	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	72	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	36	U/L	15-85	IFCC
Protein - Total	6.9	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.9	g/dL	2.0-4.2	Calculated
A:G Ratio	1.38	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.10			

- Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
- Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
- Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
- Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
- **Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
- Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

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Age/Gender : 73 Years/Male Reg. No : 0312312290009 Referred by : Dr. K S RAO SPP Code : SPL-CV-172

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Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

lest Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	123.19	ng/dL	40-181	CLIA	
T4 (Thyroxine)	10.8	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	4.71	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

T3 (Triiodothyronine):		T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester	: 81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL			Second Trimester: 0.46-2.95 µIU/mL
			Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng	/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

*** End Of Report ***

Laboratory is NABL Accredited











Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mr. P M RAO Sample ID : A0012547 Age/Gender : 73 Years/Male Reg. No : 0312312290009 Referred by SPP Code : Dr. K S RAO : SPL-CV-172 Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM

Primary Sample : Whole Blood Received On : 29-Dec-2023 12:47 PM
Sample Tested In : Serum Reported On : 29-Dec-2023 06:27 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE

Deculto			
Results	Units	Ref. Range	Method
101	μg/dL	65-175	Ferene
362	μg/dL	250-450	Ferene
253.15	mg/dL	215-365	Calculated
27.9	%	20-50	Calculated
261	μg/dL	110 - 370	FerroZine
	362 253.15 27.9	101 μg/dL 362 μg/dL 253.15 mg/dL 27.9 %	101 μg/dL 65-175 362 μg/dL 250-450 253.15 mg/dL 215-365 27.9 % 20-50

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- Anemia of chronic disease: Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- Sideroblastic Anemia: Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- Hemolytic Anemia: Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- Hemochromatosis: Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- Protein depletion: Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- Liver disease: Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

*** End Of Report ***

Laboratory is NABL Accredited











Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mr. P M RAO Sample ID : A0012547 Age/Gender Reg. No : 0312312290009 : 73 Years/Male Referred by SPP Code : Dr. K S RAO : SPL-CV-172 Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM Primary Sample : Whole Blood Received On : 29-Dec-2023 12:47 PM : 29-Dec-2023 06:27 PM Sample Tested In : Serum Reported On

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

AROGYAM 1.3 PROFILE						
Test Name	Results	Units	Ref. Range	Method		
•						
Renal Profile (5)						
Calcium	9.0	mg/dL	8.5-10.1	o-cresolphthalein complexone (OCPC)		
Uric Acid	6.0	mg/dL	3.5-7.2	Uricase		
Blood Urea Nitrogen (BUN)	12	mg/dL	8.0-23.0	Calculated		
Creatinine -Serum	0.78	mg/dL	0.70-1.30	Sarcosine oxidase		
BUN / Creatinine Ratio	15.38		6 - 22			
Urea-Serum	26.4	mg/dL	17.1-49.2	Glutamate		

Excellence In Health Care









dehydrogenase+Calculation



Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mr. P M RAO Sample ID : A0012566

Age/Gender: 73 Years/MaleReg. No: 0312312290009Referred by: Dr. K S RAOSPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Dec-2023 08:19 AM

Primary Sample : Received On : 29-Dec-2023 12:43 PM Sample Tested In : Urine Reported On : 29-Dec-2023 01:52 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method	

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

Appearance Clear Clear

Chemical Examination

Negative Strip Reflectance Glucose Negative Protein Absent Negative Strip Reflectance Bilirubin (Bile) Negative Negative Strip Reflectance Urobilinogen Negative Negative Ehrlichs reagent Ketone Bodies Negative Negative Strip Reflectance Specific Gravity 1.005 1.000 - 1.030 Strip Reflectance Blood Negative Negative Strip Reflectance 5.0 - 8.5 6.0 Reaction (pH) Reagent Strip Reflectance

Nitrites Negative Negative Strip Reflectance

Leukocyte esterase Negative Negative Reagent Strip Reflectance

Microscopic Examination (Microscopy)

PUS(WBC) Cells 03-04 /hpf 00-05 Microscopy Nil Nil R.B.C. /hpf Microscopic **Epithelial Cells** 02-03 /hpf 00-05 Microscopic Absent Absent Casts Microscopic Crystals Absent Absent Microscopic Nil Nil Bacteria

Nil

Comments: Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections, diabetes, hypertension

Absent

and drug toxicity

Correlate Clinically.

Budding Yeast Cells

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*** End Of Report ***







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY

Microscopy